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|  |  |   |                                  |                               |                              |                  |                   | Application or Docket Number |                        |        |                               |                        |  |
|--|--|---|----------------------------------|-------------------------------|------------------------------|------------------|-------------------|------------------------------|------------------------|--------|-------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |                                  |                               |                              |                  |                   |                              |                        |        |                               |                        |  |
| Effective October 1, 2000  |  |   |                                  |                               |                              |                  |                   | 0988                         |                        |        | 7507                          |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                  |                               |                              |                  | SMALL ENTITY TYPE |                              |                        | OR     | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |   | 110                              |                               |                              | R                |                   | Έ                            | FEE                    |        | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER F                         | ILED                          | NUMB                         | ER EXTRA         | BASIC             | BASIC FEE 355.00             |                        | OR     | BASIC FEE                     | · 710.00               |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 16 min                           | us 20=                        | •                            |                  | X\$ 9=            |                              | OR                     | X\$18= |                               |                        |  |
| INDEPENDENT CLAIMS   |  |   | / minus 3 = *                    |                               |                              | X4               |                   | )=                           |                        | OR     | X80=                          |                        |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                           |                               |                              |                  | +135=             |                              |                        | OR     | +270=                         |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                  |                               |                              |                  | TOTAL             |                              | OR                     | TOTAL  |                               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                  |                               |                              |                  |                   |                              | <b></b>                | 10     | OTHER                         | THAN                   |  |
| (Column 1) (Colum  |  |   |                                  |                               |                              | (Column 3)       | SMALL ENTITY      |                              |                        | OR     | SMALL                         |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | RAT               | Έ                            | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                            | **                            |                              | =                | X\$ :             | 9=                           |                        | OR     | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus                            | ***                           |                              | =                | X40               | )=                           |                        | OR     | X80=                          |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                              |                  | +13               | 5=                           |                        | OR     | +270=                         |                        |  |
|  |  |   |                                  |                               |                              |                  | L                 | )TAL                         |                        |        | TOTAL                         |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                                  |                               |                              |                  |                   |                              |                        | OR     | ADDIT. FEE                    |                        |  |
|  | essi katali                                    | (Column 1)<br>CLAIMS                      | 4 4 4 4                          | HIGH                          | HEST                         | (Column 3)       | l <b>r</b> -      |                              | ADDI-                  |        |                               | ADDI-                  |  |
| AMENDMENT B  | 19 3 3 4 4<br>12 3 4 5 4 7                     | REMAINING<br>AFTER<br>AMENDMENT           | 4100 (1)<br>4100 (1)<br>4100 (1) | PREVI                         | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | RAT               | E                            | TIONAL<br>FEE          |        | RATE                          | TIONAL                 |  |
|  | Total  | *   | Minus                            | **                            |                              | =                | X\$ :             | 9=                           |                        | OR     | X\$18=                        |                        |  |
|  | Independent                                    | *<br>NTATION OF M                         | Minus                            | ***                           | T CL AIM                     | = -              | X40               | )=                           |                        | OR     | X80=                          |                        |  |
|  |  |   |                                  |                               |                              |                  | +13               | 5=                           |                        | OR     | +270=                         |                        |  |
|  |  |   |                                  |                               |                              |                  | ADDIT.            | TAL<br>FEE                   |                        | OR     | TOTAL<br>ADDIT. FEE           |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                                  |                               |                              |                  |                   |                              | ·                      |        |                               |                        |  |
| AMENDMENT C  | And the second                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | RAT               | E                            | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                            | **                            |                              | =                | X\$ 9             | )=<br>-                      |                        | OR     | X\$18=                        |                        |  |
|  | Independent                                    | *   | Minus                            | ***                           |                              | =                | X40               |                              |                        |        | X80=                          |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                               |                              |                  | -^=               | . <u> </u>                   |                        | OR     | 7.00=                         |                        |  |
| +135=  |  |   |                                  |                               |                              |                  |                   |                              |                        | OR     | +270=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                  |                               |                              |                  |                   |                              |                        |        |                               |                        |  |